

**The Classical Association of Florida**  
Membership Application 2010-2011  
**Deadline October 31, 2010**

Please fill out this form completely, printing as legibly as possible.

Any information provided here will be published in the CAF directory. Access is limited to CAF members.

Name \_\_\_\_\_

School Name \_\_\_\_\_ County \_\_\_\_\_

**PRIMARY CONTACT INFORMATION:** This is \_\_\_\_\_ home \_\_\_\_\_ school

e-mail \_\_\_\_\_ Street Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

**OPTIONAL SECONDARY CONTACT INFORMATION:** This is \_\_\_\_\_ home \_\_\_\_\_ school

e-mail \_\_\_\_\_ Street Address \_\_\_\_\_

City/Zip \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

**CAF Membership Status**

\_\_\_\_\_ Active (currently teaching Latin, Greek, or Humanities)

\_\_\_\_\_ Associate (former teacher, friend of the Classics)

\_\_\_\_\_ Retired

\_\_\_\_\_ Number of years teaching Latin in Florida, including this year

\_\_\_\_\_ Number of years of CAF membership, including this year

\_\_\_\_\_yes \_\_\_\_\_no Are you a member of FFLA this year?

Treasurer's Record:

Check # \_\_\_\_\_

Date \_\_\_\_\_

Personal \_\_\_\_\_

School \_\_\_\_\_

*Include a check for \$10.00, payable to CAF, unless you are retired. If retired, simply fill out and return the information form to be a member and to be included in the directory. Confirmation of the receipt of all dues will be sent by e-mail.*

*Mail this form to:* **Sue Shelton**  
**9018 Dees Road**  
**Lakeland, FL 33809**

**e-mail questions to: [sshelton@flvs.net](mailto:sshelton@flvs.net)**